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Comment

## Occupational Health in the First Francoism, 1939-1953

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### THE ROLE OF OCCUPATIONAL HEALTH IN A DESTROYED AND ISOLATED COUNTRY

IN COMPARISON TO Nazi Germany and Fascist Italy, the so-called First Francoism (1939-1953) presents a quite different setting. The regime emerged after a long and devastating civil war (1936-39); and the First Francoism was therefore a period of economic stagnation and hardship, within a context of autarchic protectionism and international isolation of the regime. Furthermore, health conditions in Spain considerably worsened by the end of the war. The destruction of health facilities, the spread of malnutrition, and outbreaks of smallpox, diphtheria, typhus and malaria epidemics shaped the health landscape in the 1940s. Infectious diseases continued to be the first cause of mortality in Spain until 1953, just one year after rationing ended.

For my overview of the relationship between occupational health and fascism in Franco's Spain, I would like to make four previous considerations. First, the violent and massive political repression during and in the aftermath of the Civil War made it necessary for Franco's regime to seek devices for its legitimization among the popular classes. Social policies became crucial to the furtherance of these aims and were adopted by the fascist party from the very beginning. Thus, healthcare and public and occupational health were mainly conceived of as instruments for political proselytism. According to fascist ideas, the aim of public health was not only the production and reproduction of the workforce, a matter of mere economics, but also, and mainly, an attempt to reintegrate the worker into the "metaphysical reality of the nation."<sup>1</sup>

Second, the so-called National Syndicalist Revolution, inspired by Mussolini's Italy, intended to eliminate class struggle by establishing a totalitarian society made up of totalitarian families, totalitarian municipal governments and totalitarian worker-employer unions, the so-called vertical unions. In fact, it meant that workers were deprived of the right to independent association, and their class-based unions were banned. The harsh restriction of workers' freedoms deprived them of any possible involvement in negotiating their working conditions, ensuring their subordination.<sup>2</sup>

Third, as in other totalitarian regimes, racial theories became a key issue in the legitimization of the new state and an instrument to explain social inequalities and justify social hierarchies (rather than social classes). However, the concept of race had a sociological rather than biological inspiration, signifying a sense of a spiritual community united by aspects such as language, culture and moral and religious factors. Eugenics in Franco's Spain needed to reconcile racial hygiene with the requirements of Catholic moral doctrine, opposed to state-imposed measures of eugenic restriction.<sup>3</sup>

Fourth, as in other European countries, the passing of legislation on workers' compensation at the beginning of the 20th century shaped the development and direction of Spanish Occupational Medicine. This legislation favored a compensatory approach to industrial hazards rather than an effective policy of prevention and fostered the concept of occupational medicine as "Accident Medicine," dominated by clinical concerns. Thus, the main tasks of this new specialist were the provision of efficient first aid care, the carrying out of initial and regular medical examinations, and the forensic evaluation of workers' residual capacity. This restricted vision of occupational health widened during the Republican years (1931-36), paralleling an intense period of moderate social reformism following International Labor Organization guidelines. The scope of training in occupational health widened to include the Physiology of Work, Professional Guidance, Scientific Organization of Work, Hygiene, and Work Diseases, as well as Work Accidents. However, the outbreak of the war brought this expanded vision to an end.<sup>4</sup>

### FRANCO'S SPAIN OCCUPATIONAL HEALTH SCHEME

The general principles of the regime's social policy were embedded in the Labor Charter proclaimed in 1938. Inspired by the Italian Fascist *Carta del Lavoro* (1927), the Charter legitimized the state control of labor relations on the grounds of the defense of workers and the search for national prosperity and social harmony.

The central institution of the new occupational health organization was the National Institute for Medicine and Safety at Work, set up in 1944. It was responsible for research, professional training, healthcare assistance, and rehabilitation and public health campaigns. The professional core of the new occupational health scheme was the so-called Factory Doctor. Factory Medicine was defined as «applied» Industrial Medicine and was acclaimed by its supporters as a genuine Spanish alternative for the provision of specialized care and expertise at the workplace, after the exclusion of occupational health from the remit of the newly established National Health Insurance system. Factory Doctors received an intensive six-month training course, which was mainly theoretical. The main preventive legislation was embodied in the General Regulations of Health and Safety (issued in 1940). However, its weak recommendations and the lack of compliance failed to reduce the steady rise in work accidents and occupational diseases, notably silicosis.

What were the main flaws of this scheme? Various factors contributed to its failure, including the rise of a culture of submission rather than collaboration derived from the granting of leading positions to Franco's followers in academic and public administrations. Other hindering factors included the reluctance of employers to implement the scheme, its weak supervision by the Work Inspectorate and the lack of Governmental will to enforce it. Furthermore, the lack of autonomy and inadequate training of Factory Doctors (including a poor regulation of their appointments, salary and working conditions) made them second-class medical specialists who were wholly dependent on the factory owners.

Eventually, in 1956, the establishment of a Factory Medical Service became compulsory for companies employing more than 500 workers, later extended to those employing more than 100. Nevertheless, the slow and limited implementation of the Factory Medical Services meant that most factories and workers were not even covered by the scheme. In 1969, only one in five (21.5%) of the 8.5 million insured workers were employed in factories with these services.

The main effects of the institutionalization of occupational medicine in Franco's Spain were in the clinical domain. The hospital attached to the National Institute became a seed bed for traumatology, orthopedics, and neurosurgery. In contrast, there was a very limited research agenda. The main areas investigated were lead poisoning, silicosis, industrial dermatoses, and accident surgery. There were no studies of work physiology, and a thorough review of the official journal of the Institute, launched in 1952 (*Medicina y*

*Seguridad del Trabajo*), confirmed that common industrial conditions like asbestosis or occupational cancer were not considered major issues. In fact, cancer did not re-emerge as a health concern in Spain until the early 1950s, when the general health conditions of the population had recovered from the harsh post-war years.<sup>5</sup>

#### THE COMPENSATORY APPROACH TO OCCUPATIONAL HEALTH

The flaws of Francoist occupational health system and its poor performance in the preventive domain seem even more evident when compare with the effectiveness of the extension of social and health insurance. This was perceived as the crux of the fascist regime's strategy to cope with industrial health and was used as a formidable propaganda tool to represent the regime as a providing and magnanimous state.

Apart from work accidents, silicosis was the main concern of this compensatory model. Dust-related diseases became a key issue in the political agenda of the regime in the 1940s. This was mainly due to the strategic role played by coal mining in the Spanish economy under the autarchic system, when almost nine-tenths of Spain's energy consumption was coal-based. In 1941, the Labor Department launched the Silicosis Scheme, a compulsory insurance scheme entirely funded by employers. The application of strict criteria during the 1940s minimized the number of silicotics approved for compensation under the scheme. Nevertheless, after the mid-1940s, workers took advantage of Francoist labor institutions to defend their interests, particularly the so-called labor tribunals. Almost 300,000 lawsuits came before these tribunals in the late 1940s. Disputes over compensation for silicosis and accidents became some of the most frequent causes.

Besides compensation and medical monitoring, very little action was taken on dust suppression during the 1940s and the 1950s, because the Scheme did not include the regulation of safety standards, and coalmining employers failed to take voluntary action to address the dust problem. By the late 1950s, the shortcomings of the dust control policy were evident even to the officials, usually reluctant to engage in any kind of public criticism of the regime. The number of pneumoconiosis sufferers receiving compensation grew steadily during the 1950s. Only the growing economic burden that compensation placed on coal companies forced a change in preventive policies during the 1960s, giving place to a new approach to the dust problem that was focused on technical prevention.<sup>6</sup>

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## NOTES

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